# REPORT DOCUMENTATION PAGE

*Form Approved*
*OMB No. 0704-0188*



**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

| 1. REPORT DATE *(DD-MM-YYYY)* | 2. REPORT TYPE | 3. DATES COVERED *(From - To)* |
|---|---|---|
| 16-04-2007 | Graduate Management Project Final Report | July 2006 to July 2007 |

**4. TITLE AND SUBTITLE**

Nurse Staffing at Methodist Healthcare Ministries: Factors Influencing Recruiting and Retention

**5a. CONTRACT NUMBER**

**5b. GRANT NUMBER**

**5c. PROGRAM ELEMENT NUMBER**

**6. AUTHOR(S)**

LT Leah Mooney, USCG

**5d. PROJECT NUMBER**

**5e. TASK NUMBER**

**5f. WORK UNIT NUMBER**

**7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**

Methodist Healthcare Ministries
4507 Medical Dr.
San Antonio, TX 78229

**8. PERFORMING ORGANIZATION REPORT NUMBER**

**9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)**

U.S. Army Medical Department Center and School
Bldg 2841 MCCS-HFB (Army-Baylor Program in Healthcare Admin)
3151 Scott Road, Suite 1411
Ft. Sam Houston, Texas 78234-6135

**10. SPONSOR/MONITOR'S ACRONYM(S)**

**11. SPONSOR/MONITOR'S REPORT NUMBER(S)**

34-07

**12. DISTRIBUTION/AVAILABILITY STATEMENT**

Not approved for public release; distribution is limited

**13. SUPPLEMENTARY NOTES**

**14. ABSTRACT**

The purpose of this study was to recognize the salient factors nurses consider in their employment decision-making process. The nurse assessment questionnaire represented a cross-sectional analysis. It was distributed electronically during January of 2007 to two populations, all nursing staff at MHM and nursing students at UTHSCSA. The research questions stated: What factors influence the recruiting and retention of a qualified nursing staff at Methodist Healthcare Ministries? Is there a relationship between specific factors and the likelihood of a nurse remaining until retirement? There were three dependent variables dealing with the nurses' plans to remain a nurse until retirement. There were numerous independent variables that were identified as the factors affecting recruiting and retention. Descriptive statistics summarized the results . A multiple linear regression was used to conduct the inferential analysis. There were no significant predictors associated with the nurses' plans toward retirement, but this analysis did outline some employee concerns and suggested some of the best methods to motivate the nursing staff.

**15. SUBJECT TERMS**

Nurse, Recruiting, Retention, Quantitative Analysis, Cross-Sectional Questionnaire

| 16. SECURITY CLASSIFICATION OF: | | | 17. LIMITATION OF ABSTRACT | 18. NUMBER OF PAGES | 19a. NAME OF RESPONSIBLE PERSON |
|---|---|---|---|---|---|
| a. REPORT | b. ABSTRACT | c. THIS PAGE | | | |
| L | L | L | L | 61 | 19b. TELEPHONE NUMBER *(Include area code)* 210-221-6443 |

Army-Baylor University Graduate Program in Health Care Administration

# Nurse Staffing at Methodist Healthcare Ministries: Factors Influencing Recruiting and Retention

Presented to Dr. A. David Mangelsdorff, Ph.D., Baylor University Faculty Reader

In partial fulfillment of the requirements of
Master of Health Administration

By
LT Leah Mooney

Ft Sam Houston, TX
April 2007

## Abstract

The purpose of this study was to recognize the salient factors nurses consider in their employment decision-making process. The nurse assessment questionnaire represented a cross-sectional analysis. It was distributed electronically during January of 2007 to two populations, all nursing staff at MHM and nursing students at the University of Texas Health Science Center at San Antonio. The research questions stated: What factors influence the recruiting and retention of a qualified nursing staff at Methodist Healthcare Ministries? Is there a relationship between specific factors and the likelihood of a nurse remaining until retirement? There were three dependent variables dealing with the nurses' plans to remain a nurse until retirement. There were numerous independent variables that were identified as the factors affecting recruiting and retention.

The descriptive statistics summarized the results and included the mean and standard deviation of the questionnaire elements. The inferential statistics assessed if any predictive relationships existed between the dependent variables and the multiple independent variables; a multiple linear regression was used to conduct this analysis. There were no significant predictors associated with the nurses' plans toward retirement, but this analysis did outline some employee concerns and suggested some of the best methods to motivate the nursing staff.

Table of Contents

Introduction ..... 5

Purpose of the Study ..... 5

Background ..... 5

Conditions that Prompted the Study ..... 7

Statement of the Problem ..... 9

Literature Review ..... 9

Status of the Healthcare Workforce ..... 10

Characteristics of the Nursing Workforce ..... 13

Reasons Behind the Nursing Shortage ..... 16

Effect of the Nursing Shortage on Healthcare ..... 18

Policy Options to Address the Shortage ..... 20

Methodology ..... 24

Theoretical Framework ..... 24

Measurement Instrument ..... 25

Subjects ..... 26

Quantitative Analysis ..... 27

Variable Selection ..... 27

Statement of Hypothesis ..... 29

Quantitative Methodology ..... 29

Results ..... 30

Descriptive Statistics ..... 31

Correlation Analysis ..... 33

Inferential Statistics ..... 35

Open Responses ..... 35

Reliability and Validity ..... 40

Discussion ..... 40

Conclusion ..... 43

Recommendations ..... 43

References ..... 45

Figures ..... 49

Tables ..... 52

Appendix A: MHM Nurse Positions ..... 56

Appendix B: MHM Nursing Recruitment and Retention Questionnaire ..... 58

Appendix C: Institutional Review Board Exempt Approval ..... 61

# Introduction

## *Purpose of the Study*

The purpose of this study was to recognize the salient factors nurses consider in their employment decision-making process. These factors facilitated the formulation of recruitment and retention policy initiatives applicable to the nursing staff. The results should offer insight into staff motivation factors which could give rise to future recruitment initiatives for all Methodist Healthcare Ministries' (MHM) providers.

It is generally recognized that salary is only one, of many, decision making factors during the employment process. Individuals often decide to work for an organization because of other dynamics, e.g. organizational mission, working conditions, opportunity for advancement and training, and leadership. An analysis of existing nurse attitudes towards the organization's mission, their specific job position, and the elements encouraging their continued employment at MHM assisted in identifying methods to recruit and subsequently retain a qualified nursing staff.

## *Background*

Methodist Healthcare Ministries of South Texas, Inc. is a nonprofit, faith-based corporation that emphasizes service to the community. The organization's mission, "To serve by improving the physical, mental, and spiritual health of those least served in the Southwest Texas Conference area of the United Methodist Church" (MHM, 2006, ¶ 1), emphasizes the organization's commitment to the community. One of its goals is to serve those that have difficulty receiving healthcare services via the prevailing infrastructure. MHM attempts to fill in the gaps that the United States' fragmented health care system generates.

MHM's mission is further clarified within five core values. These values are: integrity, making a difference, teamwork, compassion, and spirituality. MHM's leadership seeks to ensure

that these values are infused in all services and partnerships that the organization undertakes. Although the organization is based on the Methodist faith, MHM strives to serve the underserved regardless of their spiritual affiliation.

As of 2004, Texas had the highest uninsured rate in the country at 25.1%, which far exceeded the national average of 15.5% (DeNavas-Walt, Proctor, & Lee, 2005, p. 27). MHM's coverage area, which includes about 80 counties, has a total population of approximately 5.2 million with just over 1 million living in poverty (20%). Out of all the counties, 57 are deemed Medically Underserved Areas (MUA), 39 are Primary Care Medical Professional Shortage Areas, and 30 are Dental Care Medical Professional Shortage Areas (U.S. Department of Health and Human Services, Bureau of Primary Health Care, n.d.). Texas has some of the most stringent Medicaid and Children's Health Insurance Program (CHIP) requirements of any state. A report in 2004, suggested that further cuts, totaling about $153.2 million, in the 2004 and 2005 Medicare budget would further reduce care to many Texas residents (Wilson, Shin, Regenstein, & Jones, 2004). MHM is striving to meet these daunting challenges and it is evident that the need for MHM services will continue to grow.

MHM provides services in about half of the counties within its coverage area, but the organization partners with entities throughout. Within the variety of services the organization provides, MHM offers direct healthcare services in two departments, the Department of Clinic Services and the Department of Wesley Nurse Health Ministries. MHM's Department of Clinic Services operates community based clinics in Bexar County: Bishop Ernest T. Dixon Clinic, Wesley Primary Care Clinic at Villa Coronado, and Wesley at Columbia Heights. These clinics offer varying levels of primary and dental care to those that fall below 150% of the federal poverty level. The Dixon Clinic employs two doctors that provide primary care services. Villa

Coronado solely provides dentistry services. Columbia Heights combines both services; the clinic has two doctors offering primary care and two dentists. Approximately four nurse educators are positioned within the clinics to better serve the community. There are also two school based health clinics that offer dental and nurse practitioner (NP) care to children regardless of their ability to pay.

MHM also offers nursing outreach and education throughout the region via the Wesley Nurse program. This program currently offers Wesley Nurse services in 42 counties. All nurses must be registered nurses (RN) and generally they serve the community through a United Methodist Church. The nurses primarily offer health education, screening, and support; they are, generally, not in the community to provide clinical services.

*Conditions that Prompted the Study*

All healthcare organizations need employees that provide efficient, quality care. The human resources function is one of the most challenging managerial roles in healthcare and is often overlooked. The United States (U.S.) is consistently plagued with healthcare provider shortages and areas of geographic mal-distribution. One of the more persistent shortages within healthcare is that of a qualified nursing staff. Nursing shortages are often cyclical in nature; it is expected that the U.S. will soon experience a significant increase in the nurse shortage as the need for healthcare rises. The need for qualified and skilled nurses in all areas of healthcare will far exceed supply.

MHM currently employs nurses in its programs; Appendix A depicts the nursing positions and those that are vacant. The clinical programs around San Antonio have nurses that offer a variety of services to MHM clientele. These services include: primary clinical care, referral services, medication assistance, and education. The department of clinics has a total

nursing staff of 16; 1 NP, 10 RN, and 5 licensed vocational nurses (LVN). In the recent past, there has only been 1 LVN vacancy, but the position was empty for several months.

The largest nursing contingent works within the Wesley nurse program which services 42 counties in South Texas. The Wesley program has 74 nursing positions as of October 2006 with 59 of them filled. Even though the program currently has 15 vacancies (≈25%), the Wesley nurse program consistently maintains about 10 vacancies in field positions within the community. In the past, the program has experienced relatively high turnover, though the evidence is anecdotal. Recently, the program has experienced a more stable period, but vacancies still exist.

MHM, along with most healthcare organizations, is suffering through the national nursing shortage, though in theory MHM should find it easier than hospitals to fill positions. This is due to a variety of reasons. MHM's mission should appeal to healthcare providers who strive to assist the underserved. The working environment is stable and rewarding. The staff consistently raves about the exceptional organizational leadership. Also, the salaries offered are high for nonprofit organizations, often within the 75$^{th}$ percentile for commensurate positions.

Hospitals are experiencing the most severe nursing shortage. This is likely caused by the difficult working conditions and inadequate compensation. Also, the compensation is often considered inadequate in comparison to the professions hardships. Nurses are more likely to move to organizations, such as doctors' offices, that have a more satisfying working climate (Institute of Management and Administration, 2006). MHM can attract nurses through their positive working environment, mission, and attractive benefits. MHM is in a perfect position to recruit new talent and maintain current employees as "surveys of nurses often find that the work environment plays a larger role than wages and benefits in retention of staff" (Spetz & Adams,

2006, p. 218). The nursing shortage affects all healthcare organizations and is going to make it difficult for individual entities to compete for staff on salary alone. Thus, it is important to identify methods, beyond salary, that effectively recruit and retain nurses.

*Statement of the Problem*

What factors influence the recruiting and retention of a qualified nursing staff at Methodist Healthcare Ministries? Is there a relationship between specific factors and the likelihood of a nurse remaining until retirement? Identifying and understanding these factors will support improvement initatives in MHM's human resources policy. This study represents a quantitative analysis based on a cross-sectional questionnaire.

This study is based on a few underlying assumptions. First it assumed that the nursing shortage at the national and state level is also problematic for the regions that MHM operates within. Also, it assumed that future hires will possess the same attitudes as those nurses currently on staff at MHM; it also generalized one set of characteristics for all nurses. Finally, it assumed that MHM has the ability and resources to change the current processes to facilitate new recruiting and retention strategies.

## Literature Review

MHM is a non-profit entity serving the underserved in south Texas. To identify the factors affecting employee recruiting and retention, an assessment of current employees must be completed. A 1995 study by Li, Williams, and Scammon sought to ascertain similar information. The objective of the study was "to investigate the personal characteristics and professional experiences of medical providers working with medically underserved urban populations" (p. 124).

Li, Williams, and Scammon's research employed focus groups and interview responses; their work corroborated much of the literature. The major findings suggested many of these providers possess a strong sense of service to humanity, a key component of the organizational mission. The providers appreciate the challenge of caring for a complex set of patients while working within a limited budget. Also, a provider's personality strongly influences their satisfaction with the working environment. The study recognized some critical factors for working with the underserved: hardy personality, flexible work schedule, and teamwork. Additionally Li, Williams, and Scammon suggested that providers must be assessed for the right personality, skills, and practice styles to succeed within the challenging nonprofit healthcare environment. This study deviates from Li, Williams, and Scammons' methodology, but seeks to answer the same underlying question.

*Status of the Healthcare Workforce*

It is likely the United States' economy will face daunting work force challenges in the future. The glut of people included within the "baby boom" generation will begin to retire around 2010 when the oldest members reach 65. In the next 15 years, 70 million will reach 65 and likely retire; contrast this with the 40 million expected to enter the workforce. This will result in 30 million vacancies. The detrimental effects of these vacancies will be magnified by the 40 million positions filled by relatively inexperienced workers. Highly-skilled service industries, such as healthcare, will be impacted the most drastically. To compound this imminent staffing problem, the aging of the population will lead to an increase in the demand for healthcare services. Healthcare organizations will likely continue to experience shortages (The present &, 2006).

One of the most challenging elements of operating a healthcare organization is hiring the appropriate staff. Healthcare is the largest employer in the U.S.; about 3% of the total labor force works in the industry (Shi & Singh, 2004). This will likely grow in the future as demand continues to rise. This escalation is primarily due to immigration growth and the aging of the population. The work force outlook projects a growth of 29% in healthcare occupations (Shi & Singh, 2004). This will exacerbate the challenge of hiring competent, professional employees. Healthcare is rife with shortages and the deficit is expected to increase for many professions. This is especially true for primary care providers, which is seen as less attractive and lucrative as other specialty areas, and nurses (Shi & Singh, 2004). Workforce shortages are not limited to the U.S.; approximately 57 countries in the developing world and many other developed countries are experiencing sharp workforce shortages. This will make it even more difficult to hire adequate staff (Poaching nurses, 2006).

As mentioned previously, the aging population will compound this problem. It is generally accepted that as individuals age they consume a disproportionate share of the total healthcare resources available within the economy. 2011 to 2050 will be especially difficult years as the "baby boom" generation retires and ages. The elderly population is expected to grow 138% in the next 50 years. If this growth occurs, by 2050, 1 out of 5 Americans will be over 65 (Center for Health Workforce Studies, 2005). Regardless of technological and capital expenditures, there will almost certainly need to be an increase in human capital to render care to such a large elderly population. In general, the growth of advanced practice nurses (APN), RN, and LVN will not meet the increased demand for services. The plethora of vacancies will likely impact the nation's quality of care. Countless other healthcare professions will experience shortages and surpluses as well: i.e. optometrists appear to be adequate, pharmacists will be in

short supply, and clinical psychologists will not likely meet demand (Center for Health Workforce Studies, 2005).

This shortage is particularly distressing within the nurse population, which represents the largest proportion of healthcare providers (Shi & Singh, 2004). A 2000 Health Resources and Services Administration study emphasized "In 2000, a shortage of 110,000 (6%) registered nurses existed in the U.S. If the current trend continues, the shortage is projected to grow to 29% by 2020" (as cited in Williams et al., 2006, p. 205). Nurse shortages have been cyclical in the past. A shortage of nurses would incite healthcare organizations to add incentives, such as higher pay and more benefits. This encouraged an increase in the number of nurse applicants, which caused a glut of nurses; incentives would subsequently decrease, discouraging further applicants. Then the cycle began again. As mentioned, there is a downward trend in the current cycle that has not yet bottomed out. Right now the downward trajectory is particularly persistent; there are no improvements expected in the foreseeable future (Shi & Singh, 2004).

> The current nurse shortage is driven by a broad set of factors related to recruitment and retention-among them, fewer workers, an aging workforce, and unsatisfying working environments-that have contributed to a different kind of shortage that is more complex, more serious, and expected to last longer than previous shortages. (Hassmiller & Cozine, 2006, p. 268-269)

To clarify the circumstances, "41 percent of the nurses are working outside hospitals. The shortage is primarily witnessed in hospitals. In fact, one in seven hospitals report that at least 20 percent of their nursing positions are vacant" (Rivers, Tsai, & Munchus, 2005, p.52). The latest numbers from the American Hospital Association (AHA) indicate there are 118,000 vacancies, with 800,000 projected by 2020 (Poaching nurses, 2006, p.1791). This is

compounded by the fact that there are not enough nursing school slots to alleviate the shortage. This is likely related to the lack of available nursing professors (Poaching nurses, 2006).

*Characteristics of the Nursing Workforce*

To better understand the nurse recruitment and retention issue, it is pertinent to identify the demographics of the nursing population within the U.S. Approximately every four years the U.S. Department of Health and Human Services publishes a report titled "The Registered Nurse Population: National Sample Questionnaire of Registered Nurses." The most recent report was published in 2004 and provides data regarding nurse demographics, education status, and distribution (U.S. Department of Health and Human Services, Health Resources & Services Administration, 2004).

In 2004, there were a total of 2,909,467 RNs, which was a 7.9% increase over 2000 (U.S. Department of Health and Human Services, Health Resources & Services Administration, 2004). Just over 83% were actively employed in nursing whereas the other 17% were non-practicing. About 58% of all employed nurses were working fulltime, while the rest were working part time. Nursing education is also growing. Associate degree nurses rose to 42.2% in 2004, up from 19% in 1980 and 40.3% in 2000. There were 30.5% baccalaureate nurses, up from 17.3% in 1980 and 29.3% in 2000. Also, 13.0% of all nurses have a master's or doctoral degree, a 37% increase since 2000 (U.S. Department of Health and Human Services, Health Resources & Services Administration, 2004). The upward trend in education bodes well for the nursing profession overall but it may be exacerbating the hospital shortage. As nurses become more educated they generally move to positions that provide less direct nursing care.

An alarming trend in nursing is the aging of the workforce. Figure 1 emphasizes this trend in the U.S. and indicates the largest group of nurses moved from the 35 to 39 age group in

1992, to the 40 to 44 in 2000, and to the 45 to 49 year old nurses in 2004. The ethnic makeup of the nurse population is largely uniform: 88.4% are white, 4.6% are African American, 1.8% are Hispanic, with the remaining 1.9% made up of other races. Such a low percentage of Hispanic nurses may make it increasingly difficult for MHM to hire bilingual nurses; this is important within the organization's southern Texas operating area (U.S. Department of Health and Human Services, Health Resources & Services Administration, 2004).

The U.S. Department of Labor, Bureau of Labor Statistics recognized five main categories of nurse employment. These categories include: hospitals, nursing education, nursing home and extended care facilities, community health settings, and ambulatory care settings. Nurses, in general, are moving away from the hospital setting toward other categories; the percentage working in hospitals moved from 59.1% in 2000 to 56.2% in 2004. The other categories applicable to MHM, principally nursing education and community health, have seen mixed trends. Nurses moved into nursing education over the four year period, 2.1% to 2.6%, and out of the community health setting, 18.3% to 14.9%. The largest increase in nursing staff occurred within the ambulatory care category. 9.5% to 11.5%; this is supported by the shift from inpatient to outpatient care in the healthcare system (U.S. Department of Health and Human Services, 2004).

According to the U.S. Department of Labor, nurses have actually seen an increase in real earning power from 1980 to 2004; salaries are corrected for inflation by the consumer price index. Real earnings increased from $17,398 in 1980 to $26,366 in 2004. The actual average salary in 2004 was $57,784. This study did not break down the salary by categories, so it is unclear which nursing category earns the highest/lowest salaries (U.S. Department of Health and Human Services, 2004). There were a total number of 2,368,070 RNs in May 2005. The median

annual salary of these nurses was $54,670 (U.S. Department of Labor, Bureau of Labor Statistics, 2005a). The state of Texas licensed 149,950 RNs with a median salary of $52,650 (U.S. Department of Labor, Bureau of Labor Statistics, 2005b).

Now that the national nursing picture has been established, it is important to also look at healthcare providers at the state level. Texas is a very large state with a culturally diverse population. Texas's population is expected to grow rapidly. It is likely to increase 23% from 2000 to 2020 (U. S. Department of Health and Human Services, National Center for Health Workforce Analysis, n.d.). In 2000, the state had about 764,000 individuals working within the health sector, which is 8.2% of the total workforce. Texas ranked 42nd in physicians per capita, as there were 160 per 100,000 people in comparison to the national ratio of 198 (U. S. Department of Health and Human Services, National Center for Health Workforce Analysis, n.d.).

According to the most recent data from the U.S. Department of Heath and Human Services (2004) there are about 646 registered nurses per 100,000 as compared to the national average of 825. This was the 46th lowest state. There were only four states with poorer ratios. Texas's population was about 22.5 million in 2004 making it the 2nd most populous state after California (U.S. Census Bureau, 2005). The state's tremendous population coupled with its expansive geographic area exacerbates the effects of the nurse shortage. 2/3 of all active nurses work in Texas hospitals, yet 8.6% of hospital nurse positions are vacant (Registered nurse, 2005). In 2003, another source stated that about 11% of RN positions were vacant in Texas (Wieck, Oehler, Green, & Jordan, 2004). Regardless of the exact number of vacancies, the problem appears to be pervasive. The healthcare systems within the state appear to hire more LVN to counteract the severe RN shortage. In 2000, Texas ranked 1st in the number of LVN

employed and 15th in per capita terms (U. S. Department of Health and Human Services, National Center for Health Workforce Analysis, n.d.). This is likely helping to mitigate some of the problems associated with the RN deficiency.

*Reasons Behind the Nursing Shortage*

The nurse shortage is a well documented crisis. Causal factor recognition will facilitate the identification of methods to help resolve the staff crisis. The following paragraphs suggest relationships that help to explain the lack of nurses. Shi and Singh (2004) purported that low wages, low levels of job satisfaction, and poor career mobility deter nurses from entering or staying in the field. The most severe shortages are seen in hospitals, where poor working conditions is the most cited reason for leaving the profession. A study by Rivers, Tsai, and Munchus (2005) recognized factors that led to the nursing shortage; these factors include: nursing school enrollment not meeting the growing demand for nursing care, aging workforce and changing attitudes of new entrants, nursing profession dissatisfaction, lacking support staff, increasing professional risk factors (e.g. physical, emotional, and legal), nursing opportunities, and trailing compensation.

The newest generation is less likely to enter the nursing profession than their predecessors. Traditionally, women had few career opportunities; nursing was one of the only viable occupations. This encouraged women to enter the field. Now that there is an abundance of career choices, nursing has become less attractive. Nursing school enrollment is down and there are not enough instructors or funding to increase the number of available slots. The next generation of nurses also possesses different work-place ideals, communication styles, stress scales, motivators, and social values (Rivers, Tsai, & Munchus, 2005). The newest generation expects more from their work-place environment; "Generation Xers demand and expect more

from their organizations and managers and the terms of their employment are non-negotiable" (Rivers, Tsai, & Munchus, 2005, p. 55). These differences in ideals, values, and motivators lead to disenfranchised and dissatisfied nurses that typically leave the profession within five years of graduation. This dissatisfaction arises from a lack of support, large risk factors, and unsatisfactory compensation. Nurses endure an emotionally and physically stressful environment, compounded by the constant threat of malpractice suits. Some argue this stress is not being commensurately compensated. About 60% of nurses make less than $46,000/year and many do not feel this is adequate for the hardships they must endure (Rivers, Tsai, & Munchus, 2005).

A 2003 Center for American Nurses' questionnaire conducted through the American Nursing Association's website found that the top three reasons nurses leave the work force include: nurse-nurse relationships, ethical dilemmas, and work schedules (Hatmaker, 2005). These all relate to the working conditions of an organization. The questionnaire was initiated to assess the likelihood of nurses leaving the workforce and its impact. The study's organizers sought to increase awareness of the shrinking nurse work force (Hatmaker, 2005).

A 2005 Nursefinders' questionnaire polled healthcare executives to ascertain their thoughts on the burgeoning nursing shortage (Questionnaire finds, 2006). The questionnaire recognized the greatest reasons for nursing attrition: work-related stress, patient care load/staffing difficulties, and management effectiveness. The executives also suggested that it is unlikely that adequate staffing levels will be reached even though hourly wages, referral bonuses, and other recruiting strategies have increased (Questionnaire finds, 2006). This questionnaire implies that other human resources components, in addition to compensation, must

be taken into consideration when devising a staffing strategy. Now that some of the driving forces behind the nursing shortage have been detailed, the potential effects must be examined.

*Effect of the Nursing Shortage on Healthcare*

The impact of the nursing shortage will probably affect the U.S. ability to provide healthcare, especially since the shortage exists primarily in hospitals. The shortage produces a variety of deleterious consequences that compromise the nation's health; these include: limited access to care, poor quality of care, and an increase in the cost of care. The Center for American Nurses' president postulated "as the number of nurses starts to decline from already low levels, health care costs will likely get higher while the quality of service stands to fall" (Hatmaker, 2005, p. 9). Real life scenarios are cropping up around the country. The number of nursing strikes is on the rise as nurses become more dissatisfied with hospital working conditions. The nursing shortage compounds the problem as there are not enough nurses to fill in the gaps. Hospitals are paying as much as $50/hr and $90/hr in overtime to maintain adequate staffing levels. There have been seven strikes in four states and more are expected in 2007 (Maher, 2006). These costs are most likely passed on to consumers. Workforce shortages certainly contribute to the double-digit growth in health care costs that the U.S. has seen in recent years (Shi & Singh, 2004).

Quality is defined differently by different organizations. One widely accepted definition of quality penned by the Institute of Medicine (IOM) states quality is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (Institute of Medicine, 2001). Quality improvement is a continuous process; it must be an integral component of all health care systems

in order to produce the most effective patient care in the most efficient manner. Difficulties arise when staffing levels are inadequate to facilitate quality initiatives.

Quality became a major discussion point in healthcare delivery in the mid 1990s. One of the seminal healthcare quality studies was published by the Institute of Medicine in 2000 and is titled *To Err is Human: Building a Safer Health Care System*. The text emphasized the rising number of errors within healthcare and outlined steps to reduce them. Follow on reports from the Institute of Medicine, *Crossing the Quality Chasm* and *Keeping Patients Safe*, were published in 2001 and 2003 respectively. These works, in conjunction with several government initiatives in the late 1990's and early 2000's, have pushed quality to the forefront of healthcare. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the primary accrediting body in the U.S.; it also established strict quality guidelines to improve the quality of patient care. The nursing shortage will impede many organizations' ability to meet these emerging quality standards (Buerhaus et al., 2005).

Many nurses are not making their careers in hospital settings because there is a high degree of burnout, poor working conditions, and excessive overtime. Excessive overtime leads to tired nurses that are prone to errors, which leads to poor quality. The shortage is serving to exacerbate this problem. To maintain adequate staff to patient ratios, hospitals are forcing nurses to care for more patients, while working longer hours (Hassmiller & Cozine, 2006).

Buerhaus et al.'s (2005) study detailed an analysis of two, 2002 and 2004, questionnaires involving RN and chief nursing officers (CNO). The study suggested that nurses throughout healthcare felt that the nursing shortage was negatively impacting the quality of patient care. 84% of hospital RN surveyed felt that the shortage frequently tarnished the timeliness of care. About 75% of respondents indicated that patient centeredness, effectiveness, and efficiency were

all affected by the shortage. Also, 65% of the nurses recognized that the shortage was negatively impacting safety and equity of care. CNO were less emphatic about the effect of the shortage. About half felt it was directly affecting efficiency or timeliness of care. Less than half thought it affected patient centeredness (44%), effectiveness (34%), safety (26%) and equity (23%). These figures suggest that nurses generally perceive the shortage as negatively impacting healthcare quality in six specific areas: patient centeredness, effectiveness, safety, timeliness, efficiency, and equity (Buerhaus et al., 2005).

## Policy Options to Address the Shortage

The literature presents a variety of methods to combat the nurse shortage and, thus, enhance the quality of healthcare. Each organization must tailor its response to the needs of the staff as each is unique. There is an inexhaustible list of potential recruiting and retention strategies; these include both monetary and non-monetary incentives. Each healthcare organization must ascertain the climate and attitudes of the nurses and adopt a strategy that best meets its needs.

Much of the literature recognizes that addressing the nursing shortage now would drastically improve the quality of patient care in the future. Hassmiller and Cozine (2006) recognized a variety of factors involved in developing recruiting and retention initiatives; these factors include: transforming work processes, transforming physical design, transforming hospital culture, investing in research, and investing in people and partnerships (Hassmiller & Cozine, 2006).

Most initiatives within the literature fall under only a few of these categories: transforming hospital culture, investing in people and partnerships, and transforming work processes. These categories are often tackled first as they are the low hanging fruit.

Transforming physical design is often time and cost prohibitive and investing in research is not always a part of the organization's mission.

Transforming and maintaining culture requires continual vigilance by all members of an organization. The leadership must align the culture with the mission and values to facilitate goals. "Your organizational culture-the set of values, beliefs, and understandings shared by your organization's employees-is one of your most powerful tools" (Mitchell & Yates, 2002, p. 33). This particularly applies to non-profit organizations that are not constrained by the drive to earn a profit. Non-profits begin with a mission and then tailor the organization to most effectively meet that mission. It is essential to align the culture's values and beliefs with organizational goals. If these are not in congruence there is a high probability of failure. This culture may be the very reason an employee decides to work for an organization. Mitchell and Yates (2002) outline twelve steps to attract and retain employees based on organizational culture; these steps begin with checking whether the culture is strong or weak and continue with stressing your mission and maintaining a feedback mechanism.

Once the organizational culture is understood, human resources and managers can begin hiring individuals that have values commensurate with that of the organization. Hiring employees that possess compatible values will increase the probability of retaining them. Also, employees with similar values will focus more on the mission of the organization than on the compensation being offered. Interviewers must ask pointed questions during the interview to assess similarities; these questions include such subject matter as: "How well does this applicant's values fit with the organization?" and "How well do we understand the depth of the applicants coming through the door and the employees with us today?" (Smith, 2005, p. 56).

After the organization has addressed its culture, it can then begin transforming work processes to better address employee satisfaction. Multiple factors encourage nurses to maintain their employment; most fall under a broad working conditions category. These include improving such things as appropriate staffing levels, workplace rights, workplace safety, and patient safety (Hatmaker, 2005). Williams et al.'s (2006) study focused on inactive nurses and recognized that many nurses left because of parenting duties, length of shifts, and salary. The questionnaire recognized that many nurses that had left would potentially reenter the work force if offered part-time work, improved working conditions, and better salaries. The study suggested "Investments in RN retention give a competitive advantage to healthcare organizations by providing a stable, productive, and satisfied nursing work force, thus improving consumers' perceptions of work force quality" (Williams et al., 2006, p. 206).

Job satisfaction is one of the most pressing issues in nurse retention. Buerhaus, Donelan, Ulrich, Norman, & Dittus (2005) recognized "Nurses still continue to identify improving the work environment as improving satisfaction and the most important solution to resolving the nursing shortage" (as cited in Albaugh, 2005, p. 293). Work processes must be adapted to meet the needs of the nurses working in each particular organization. A detailed analysis of the nursing staff's job satisfaction would assist in engendering a suitable working environment.

The final piece that must be addressed is the appropriate investment in people (nurses) to balance organizational and employee needs. There is always a drive to hire the best staff available; this drive must include environmental factors that promote cost-effectiveness, innovation, and organizational loyalty. Salary is often not the final determining factor for an employee. Prospective nurses weigh a wide variety of benefits and incentives when deciding; salary is only one of these factors. Losee (2005) eloquently wrote "The safety net for nurses-

salaries and benefits-has never been more secure, yet dissatisfaction is soaring. Money alone simply cannot sustain a strong employer-employee relationship, which plays a crucial role in retention" (p.13). Non-wage benefits are attractive to employees. These include things like health insurance, vacation and sick time, retirement plans, child care, and education programs. These initiatives can be extremely effective in recruiting and retaining employees in a competitive job market. Some of the most important non-wage benefits were identified by Spetz and Adams (2006), these include: paid leave, health insurance, retirement benefits, work-shift schedules, education benefits, child care, other health benefits, and other general benefits.

Targeting nurses as they first apply for nursing school for recruiting initiatives may not be the best approach for organizations because generally only 25-50% of entry level graduate nurses will still be working in the field after five years (Crow & Hartman, 2005). Thus, it is important to focus on recruiting and retaining initiatives throughout a nurse's career vice solely on recruiting new entry-level nurses.

The ability of non-profit healthcare organizations to find qualified and effective employees is difficult in an era of workforce shortages. The growth of healthcare positions and the decline of available personnel have escalated the competition to hire competent and effective employees at a reasonable price. In this highly competitive environment, most applicants have multiple options. Non-profits, even more than for-profits, must develop a detailed selection and retention process that empowers managers to act quickly and decisively during the selection process. There are a variety of factors involved in a candidate's decision-making process; these include benefits/compensation, quality of life, and organizational mission. Managers must quickly assess the candidates thought process to advertise the organization in a manner that would most likely recruit and retain that employee (Edell, 2000).

In actuality, an MHM employee recruitment and retention strategy must take into account all of the factors discussed; transforming hospital culture, investing in people and partnerships, and transforming work processes in order to be effective. The strategy must be actively managed to better maintain long term successful employees. In order to develop processes, the factors most important to the employees working at MHM were identified. These factors can be used, in conjunction with the literature, to tailor applicable practices to recruit and retain staff. This study sought to do that for MHM.

## Methodology

### *Theoretical Framework*

Ellenbecker (2004) articulated a pertinent theoretical framework in her 2004 publication, "A theoretical model of job retention for home health nurses." Though this framework applied directly to home health nurses, the principles are also directly applicable to those nurses employed at MHM. Most MHM nurses do not work in a direct clinical care environment as about 55 nurses work in community outreach programs and only 16 work within an outpatient primary care clinic. Wesley Nurses, just like home health nurses, work independently and away from a traditional care setting. "Home healthcare nurses work in the relatively unstructured environment of the patient's home, away from colleagues and institutional supports" (Ellenbecker & Byleckie, 2005, p. 71).

The theoretical framework generated by Ellenbacker is shown in Figure 2. "The model describes the relationship of job satisfaction and individual nurse characteristics to intent to stay and job retention in home health care nurses" (Ellenbacker, 2004, p. 303). As detailed, there are intrinsic and extrinsic characteristics that lead to job satisfaction. Job satisfaction is coupled with

individual characteristics, the key contributors being age and tenure, to create the intent to stay. Intent to stay logically leads to retention for the organization.

The intrinsic and extrinsic characteristics are composed of a variety of elements show in Figure 2. The elements formed the framework for the development of the questionnaire. The elements applicable to MHM are found within job satisfaction and individual characteristics: autonomy, group cohesion with peers, characteristics of the organization, stress and workload, autonomy and control of work hours, salary and benefits, perception of and real opportunities elsewhere, age, and tenure. Figure 3 provides a succinct visual representation of the study's factors and the link to these elements. The factors are the study's independent variables, while the dependent variables represent the intent to stay or retention.

*Measurement Instrument*

The questionnaire is shown in Appendix B. It was developed through a literature review and organizational review. The literature exposed the elements that are most often cited for encouraging or discouraging the recruiting and retention of nurse employees. These elements were substantiated through Ellenbecker's (2004) theoretical framework. This literature suggests that there is a positive correlation between job satisfaction and nurse retention. Ellenbacker honed a Home Healthcare Nurses' Job Satisfaction scale (HHNJS) in a 2005 publication. This scale employed a 5 point Likert scale to assess satisfaction, which was emulated in the questionnaire developed for the study. The HHNJS scale did not directly apply as this study's goal was not to determine job satisfaction, but to determine those elements deemed most important for continued employment (Ellenbecker & Byleckie, 2005).

The questionnaire began by collecting some demographic information on the respondents. The follow-on questions assessed the respondents' attitudes about working in the

nursing profession and working for MHM. These were organized in a Likert scale with possible responses ranging from 1-5 denoting five categories: none, mid-range, some, mid-range, and significant respectively. Two open-ended questions designed to elicit unique and potentially constructive responses were included in the questionnaire. It was broken into two portions. The first was for all respondents. The second section was a supplementary section designed only for those nurses working for MHM.

This questionnaire limits bias because participants were free to answer the questions however they saw fit without influence by various things such as the wording of the question or group think. One key feature of this method was the anonymity of the participants. Once the questionnaire was received, the researcher had no way to know which individuals responded to the questionnaire or any particular nurse's response. This anonymity encouraged the participants to speak freely and mitigated some ethical considerations.

The questionnaire was field tested to ensure accuracy and face validity. The field trial was sent to approximately four nurse executives at the MHM main offices. The nurses assessed the questionnaire under the conditions in which the actual questionnaire was distributed. It ensured that the questions were clear and easy to understand. It also encouraged buy-in from the executives as they validated the ease and utility of the questionnaire.

*Subjects*

Nurses represented the subject of the study, while the unit of analysis was nursing employment at MHM. The nurse assessment questionnaire shown in Appendix B represented a cross-sectional analysis; it characterized the nurse attitudes at the time the questionnaire was completed. It was distributed electronically during January of 2007 to two populations, all nursing staff at MHM and the third and fourth year Bachelor and Master level nursing students at

the University of Texas Health Science Center at San Antonio. These populations facilitated a comparison between those nurses that will shortly enter the field and those nurses already employed at MHM. A list of all MHM nursing positions is located in Appendix A.

The questionnaire was distributed via email to every member of the nursing staff and nursing student populations. The participants were provided four weeks to respond. After two weeks elapsed, a follow-up email was generated. This email resent the questionnaire to the entire population requesting a response from those yet to complete the survey. Participants chose to return the questionnaire via email, fax, or ordinary mail. Upon receipt the document was printed or saved and immediately deleted if sent by email. The questionnaire was anonymous and voluntary. Only the data collected from the questionnaire was retained, no names or personal health information was collected.

*Quantitative Analysis*

*Variable selection*

There were three dependent variables for this study:

- Five: likelihood of the nurse planning to remain in active practice for the next five years
- Retirement: likelihood of the nurse planning to remain in active practice until retirement
- RetireMHM: likelihood of the nurse planning to remain an employee of MHM until retirement.

These represented Likert scale variables ranging from 1, not likely, to 5, very likely. There were numerous independent variables:

- YearsNurse: defined as the number of years as a practicing nurse
- Age: ordinally defined as18-30 (1), 31-40 (2), 41-50 (3), 51-60 (4), and 61+ (5)

- Education: categorically defined as Neither (0), LVN (1), Diploma (2), ADN (3), BSN (4), and MSN (5)
- The following independent variables were all scaled from 1 (none) to 5 (significant). They all defined "how much do the following factors affect your decision to work for the organization?"
    - Empower: level of empowerment
    - Peers: relationship with peers
    - Mission: mission of the organization
    - Reputation: reputation of the organization
    - Leadership: leadership within the organization
    - Management: relationship with management
    - Opportunities: opportunities for advancement
    - Contribute: ability to contribute to the community
    - Recognition
    - Stress: stress level
    - Hours: work hours
    - Shift: shift preferences
    - Salary
    - Time: paid time away from work
    - Plan: retirement plans
    - Health: wellness (health) benefits
    - Training: training/education opportunities
    - Sign: sign-on bonuses

- Environment: working environment
- Security: job security

- Years: defined as the number of years an employee has worked for MHM

*Statement of Hypothesis*

The study's hypothesis proposed that there are predictive factors that increase the likelihood of a nurse planning to remain in active practice.

- Null Hypothesis (Ho): There are no predictive factors that affect the likelihood of a nurse planning to remain in active practice.

  $H_0$: $\beta_1 = \beta_2 = \ldots = \beta_n = 0$, Where $\beta$ represent the study's variables

- Alternate Hypotheses (Ha):
  - There are predictive factors that increase the likelihood of a nurse planning to remain in active practice for the next 5 years.
  - There are predictive factors that increase the likelihood of a nurse planning to remain in active practice until retirement.
  - There are predictive factors that increase the likelihood of a nurse planning to remain an employee at MHM until retirement.

  $H_a$: At least one variable is different ($\beta i \neq 0$ for some i, $1 \leq i \leq n$)

*Quantitative Methodology*

Descriptive statistics were used to summarize the results and included the mean and standard deviation of the questionnaire elements. The inferential statistics assessed if there were predictive relationships between the dependent variables and the multiple independent variables. The inferential analysis was conducted through a multiple linear regression as this method is appropriate for a study involving one dependent variable and multiple independent variables. In

order to employ this methodology it was assumed that the data were independent and normally distributed. The proposed multiple linear regression equation was:

$$Y = b_0 + b_1X1 + b_2X_2 + \ldots + bnX_n + \varepsilon$$

- Y = dependent variables taken one at a time.
- $X_1$ to Xn = independent variables defined in the variable selection category

The Statistical Package for the Social Sciences (SPSS) was used to generate the statistical results of the study. The results were accepted as statistically significant at the alpha < .05 level.

The second portion of the survey presented questions directly related to MHM's mission and core values. These questions were analyzed via descriptive statistics, but were not directly involved with the inferential analysis. These results are important in recognizing the culture that MHM has engendered. The two open ended responses were also quantitatively analyzed using descriptive statistics. The following section presents the results.

## Results

Ethical approval via Methodist Hospital System Institutional Review Board was obtained prior to disseminating the questionnaire and is shown in Appendix C. A cover letter was attached to the questionnaire explaining that the survey was voluntary and anonymous. The questionnaire was sent to 76 MHM nurses and approximately 380 nursing students. The response rate for MHM nurses was 85.5%, 65 respondents. Only 29, or 7.6%, of the UTHSCSA nursing students responded. The small student nursing population sample limits the validity and reliability of the analysis and suggests that any conclusions derived from the data should be viewed with caution. The 94 questionnaires were received between the dates Jan 2, 2007 and Jan 26, 2007, a four week period. Upon receipt the data were entered into SPSS.

After entry, the data were screened for accuracy. This was done via a visual examination and a straightforward analysis of descriptive statistics. As mentioned previously, the chosen methodology assumed the data were independent and normally distributed. A graphical analysis, as well as a quantitative assessment of skewness and kurtosis, suggested that much of the data, for the independent as well as dependent variables, were not normally distributed. The non-normality was primarily due to high negative skewness, which was likely caused by the tendency for survey respondents to mark elements high. Most of the questionnaire factors were appraised via a five point Likert scale. The most common response in most categories was 5, the highest point of the scale. The lack of normality limits the ability to generalize the study and introduces bias into the results. This is a limitation of the study. Multicollinearity was also assessed through an examination of the *Pearson r* correlation between the independent variables; there were no significant intercorrelations among the variables, so all were included within the analysis.

*Descriptive Statistics*

Summary descriptive statistics are shown in Table 1 through Table 5. Table 1 focuses on the 20 independent variables denoting the factors affecting the respondent's decision to work for an organization. The means of the Likert scale suggest that the five most important factors are working environment, work hours, empowerment, the organization's reputation, and job security. These are all factors that require little capital investment from an organization. The means were all fairly high and tightly packed. To better differentiate between the variables, the respondents were asked to rank the factors they saw as the top five most important. The most important was empowerment (44.7%), followed by: salary (43.6%), working environment (42.6%), mission (40.4%), health benefits (40.4%), work hours (39.4%), stress level (31.9%),

contribution (27.7%), and then the other 12 variables. The percentage following each variable indicates the percentage of individuals claiming the variable in the top five. One interesting dichotomy involves the salary independent variable. While salary was one of the most often mentioned factors in the top five most important factors category, it was not even close to the top when comparing the means of the Likert score rating seen in Table 1.

These results equate well with the elements within Ellenbecker's (2004) theoretical framework, shown in Figures 2 and 3. Out of the seven controllable elements recognized in Ellenbecker's framework, the most important factors fell within all but one of the element categories. Group cohesion with peers was the only theoretical component not included as part of the most important factors. This suggests that job satisfaction is derived from a confluence of contributing factors; nurses weigh all or most of the elements included with Ellenbecker's framework when determining satisfaction.

A close examination of Table 1 also suggests there are few factors for which MHM nurse and student nurse attitudes differ. MHM nurses hold more importance in the mission, their ability to contribute to the community, the organization's reputation, and job security. The student nurses consider opportunities for advancement, recognition, salary, and sign-on bonuses more important than MHM nurses. The MHM nurses' and student nurses' attitudes differed modestly in the remaining variables. Table 2 provides descriptive statistics for the demographic independent variables. The average age of the respondents fell within the 31 to 40 year old category. The average education level is an ADN; there are 3 LVN, 10 Diploma nurses, 20 ADN, 26 BSN, and 4 MSN working at MHM.

The nurses' attitudes towards MHM's core values can be observed in Table 3. MHM nurses felt that all of the core values are important. The value with the highest overall mean was

integrity at 4.88; the lowest was spirituality at 4.69. The data also suggest that most of the nurses felt that MHM significantly exemplifies its core values and the core values did influence the nurse's decision to work for the organization. Table 4 presents the descriptive statistics of the three dependent variables. The nurses, in general, felt that they plan to stay a nurse for the next five years. The lowest mean and highest variance fell within the category of the nurses planning to remain an employee of MHM until retirement. This suggests that the nurses plan to remain a nurse, just not necessarily at MHM.

To better investigate the two open response categories, themes were identified within the respondents' wording. The most common themes were grouped into open response variables. The first open response asked if there were any other factors that the respondents considered important that were not included within the 20 listed. Five themes were identified within the first open response, open to all respondents. These included empowerment, management, support, flexibility, and integrity. The second open response asked what could be improved to encourage nurses to work for MHM. Ten themes were recognized in the second open response, which was only presented to MHM employees. The themes found included salary, leadership, and education. Table 5 presents a complete listing of the themes and the results of the assessment. The frequency column represents the number of times the item was mentioned within an open response.

*Correlation Analysis*

Pearson's *r*, a common measure of correlation, was utilized to ascertain if any relationships exist between the independent variables, including the open response variables, and the three dependent variables. All of the independent variables underwent a bivariate correlation analysis to ascertain whether a statistically significant relationship exists. The closer the *r* is to

±1.0 the more related the variables. Tables 1, 2, 3, and 5 provide the *Pearson's r* for those variables deemed significantly related, $p < .05$. The independent factor empowerment was positively correlated to planning to remain a nurse for the next five years; the higher the respondent rated empowerment the more likely the nurse will remain a nurse for five years. Stress is negatively correlated with planning to remain a nurse for the next five years. This suggests that the higher the nurse perceives the importance of stress level in their employment the less likely they will remain a nurse for five years. The mission positively correlated and shift preferences negatively correlated with the nurses' plan to remain an employee of MHM until retirement. These were not included within the table because those nurses that did not work for MHM were included within the correlation, likely producing erroneous results.

One of the four demographic variables, years working for MHM, significantly positively correlated with the nurses' plan to remain an employee of MHM until retirement. The longer the respondent has worked for MHM the higher the nurse's likelihood of continuing to work for MHM. Within the categories related to MHM's core values, Table 3, the higher the respondent's assertion that spirituality is important the more likely the individual plans to remain an employee of MHM. This was also true if the nurse felt that MHM exemplifies its core values. Table 5, reveals the correlations for 15 open response variables. All significant variables negatively correlated to the dependent variables. As the integrity of the organization and paperwork was mentioned in the open response the less likely the nurse would remain a nurse until retirement. If MHM nurses mentioned leadership/management, paperwork, or empowerment within their response, the less likely the nurse would remain an employee of MHM. It is important to keep in mind that most of the open responses in the second portion were negative in nature, e.g. too

much paperwork, lack of management integrity, micromanagement, etc. Those that perceive these negative working conditions are less likely to remain an employee.

*Inferential Statistics*

A multiple linear regression was run for all three dependent variables. Each dependent variable was evaluated independently of the others. All independent variables were included in each regression. The multivariate analysis suggested that there were no significant predictors for planning to remain a nurse for five years, planning to remain a nurse until retirement, or planning to remain an employee of MHM until retirement.

*Open Responses*

The nurses provided a wide array of positive and negative comments. Within the first open response question (what other factors do you consider important that were not included within the 20 listed?) the most frequent comment regarded the flexibility of the organization. One nurse commented, "Leaders/management listen to field nurses and make changes that assist us." A few spoke specifically about schedule flexibility, "The ability to be either 40 or 32 hour full time employee," "flexible schedule," four specifically mentioned, "organizational adaptability/flexibility," and a couple cited, "work hour flexibility." The next most common concerned the concept of empowerment. A telling comment stated the "importance of the independent practice setting as well as being trusted to develop the program under the guidance of a director." Other comments included, "Employee input taken seriously," and "An opportunity to accept responsibility."

The support an organization provides the nurses, including family and/or organizational support, management, and integrity rounded out the most commonly mentioned concepts in the

first open response portion. All respondents had the opportunity to provide comments within this block. One response specifically stated,

> A debriefing format for nurses who put their heart and soul into their work and then have no one to unload on....Perhaps someone to just sit and have a cup of coffee with and know that the information is just to clear one's head.

A few reiterated the importance of integrity: "Ability to trust management," "Communication and honesty from the leadership," "rapport with management," "trust within the organization between management and staff," and "loyalty and commitment to the organization shown by top management." A very positive response from a nurse stated, "Communication and honesty from the leadership, which I have experienced at MHM more than once; knowing and seeing everyday how me doing my job makes a difference in someone's life."

There was also a spattering of random, but seemingly important responses. A couple of the nurses mentioned that spirituality should be included, the phrases consisted of, "spirituality-ability to incorporate spiritual aspects into programming and projects," "commitment to serve," and "I wish the staff would actually think about what the mission of MHM really means and put it into practice." Another pointed response blatantly stated, "When I quit it will be because I no longer want to deal with the paperwork and trivial rules which interfere with getting the real work done, helping the underserved." Other independent responses include location, team-work, safety, orientation, and nurse to patient ratio.

The second open response question reads: what could be improved to encourage nurses to work for the organization? Only MHM employees had the opportunity to answer this portion of the questionnaire. The most common response was an obvious one; 40% of the MHM nurses indicated that increasing salary was the best way to encourage more nurses to work for MHM.

Some of the nurses suggested, "The salary has to be upgraded to compete with the hospital and other agencies to retain the nurses. Working hours and conditions are fantastic with MHM and the churches, but the young nurses need a better salary," "Better salaries, most young nurses can not afford to work for MHM," and

> Although MHM states they offer a competitive salary, the pay is too low....I am inclined to stay for a while because I believe that I am helping people in need and giving back to the community, but I won't be here for years to come on the current salary.

The remaining responses were varied and sometimes very lengthy. Many of the nurses gave passionate accounts of what could be improved or is not working well at MHM.

Approximately 20% of MHM nurses suggested that there was room for improvement in MHM's leadership and management techniques. The comments were pretty remarkable; many of these comments are lengthy, but it is important to understand the perceptions of those nurses working in the field:

> I thought MHM was the greatest organization to work for until last month when I saw two wonderful nurses leave without even being asked why by upper management. One was micromanaged to death....Consistency, everyone being treated the same and being evaluated the same. No one nurse being dogged because a [supervisor] doesn't like them. We are supposed to invoke a Christian mission; we need to start with ourselves.

"Change supervisor position to someone with strong work values, compassion, and a more professional attitude. Current nursing supervisor lacks all of the above." "Leadership-they need to be taught how to be leaders....honest evaluations-evaluations should be done objectively." "I feel that the selection of [supervisors] should be looked at more carefully.... [supervisors] that are properly trained in management...." "Retention seems to be a problem due to poor/unstable

management. What would keep me at MHM would be strong, supportive management (and this includes HR) and continued autonomy." "Respect from colleagues is a must. Nurses do not seem to be valued/respected as much at this clinic as compared to other organizations." "Another important thing is trusting management. I don't trust my immediate management for various reasons, lack of leadership skills." "To stay working for this organization they will need to improve the respect shown for nurses by management."

> Autonomy is very essential; unfortunately, there is so much micromanagement here that it is almost not an option....Unfortunately, I see a lot of favoritism and exceptions to the rules for some employees. I also expect conflict and problem resolution when I report things inconsistent with our policies and core values.

These comments strongly suggest that leadership training is needed to facilitate a better working environment.

Other themes that were recognized for improvement are: education, schedule flexibility, and paperwork. Approximately ten of the nurses felt that education opportunities, often associated with better opportunities, would increase the retention of nurses. One nurse noted, "If the company would pay for job related classes and non-job related courses." Another related it to increased responsibilities, "As education increases ability to serve to the extent of education." "The #1 reason for me are more education opportunities and flexible schedule." Schedule flexibility was frequently mentioned by the nurses, "perhaps adopting a more flexible work schedule, where employees could work a four day work week," "I think MHM should consider employees who would work part-time without health benefits," "allow flexible work schedule," and "less emphasis on accounting for each minute of time...If we are salaried, don't treat us like we are hourly."

Many of the nurses possessed very strong opinions on the paperwork and organization of some of MHM processes. Many felt that MHM just required too much paperwork. One nurse emphatically stated, "Stop changing the forms. I feel many have left because of the level of paperwork which is rapidly approaching that of hospital nursing." Another felt that, "better organization, things seem to be scattered and not everyone is on the same page." They also felt that the orientation of new nurses should be improved, "The orientation needs improvement, better communication and follow up after the new nurse is in the field." Similarly, another nurse pointed out, "As I reflect on my introduction and orientation, I would have benefited from more direction from my [supervisor], more hands on time and association, and mentoring." These are all things that require relatively inexpensive remedies.

Some other unique observations are worth mentioning. A number of nurses felt that MHM should better publicize its mission and accomplishments to the community. "We need to get the word out as to what a Wesley Nurse is and does." More paid time off, such as vacation time, was suggested. Better communication and team-work were also mentioned.

The previous paragraphs focused on the negative comments, as these are the areas that most need improvement, but there were numerous positive reviews of MHM practices. One nurse state, "Nothing, I am very satisfied with the mission, amount of work, leadership, spirituality, and values of this organization." Another recognized the administration was making positive strides, "I think we are on the right track with our new Wesley Nurse director-Leadership and management (not hierarchical or vertical) needs to be horizontal, to bring out the greatness, energy, and talent of their nurses." Some felt MHM should simply stress its good qualities to recruit and retain staff,

> Stress to nurses the ability to make a difference in the community….The mission to reach out to all people doesn't limit us to just those with health insurance….The work hours are conducive to family life…Of course salary and benefits are nice – we are blessed to have our personal insurance covered and the 403(b) plan is super.

*Reliability and Validity*

The reliability of this method suffers because it represents a snap shot in time; subsequent testing with a similar methodology could improve its reliability. The study is also limited by the number of nurses within the population. Its applicability extends only to those nurses on staff at MHM. This study will not be applicable to any other nurse population. The questionnaire has not been psychometrically tested to ensure standardization of the measurement instrument. Also, the sample size was small compared to the number of questionnaire elements. The high percentage of MHM nurses returning the study mitigates this to some extent. Another limitation arises due to the non-normality of the questionnaire data. This likely introduced bias and limits the validity and the ability to generalize the results.

The questionnaire's independent variables appear to be reliable as the Cronbach's alpha ($\alpha$) = 0.77. An alpha value deemed reliable varies by the type of research being conducted; an alpha of 0.7 is considered adequate but 0.80 is considered good. An $\alpha = 0.77$ suggests that the questionnaire elements consistently measured the same latent variable, which in this study is the reason for nursing employment at MHM. The questionnaire elements represent measurable components of this latent variable.

## Discussion

Recognizing the most important nurse recruiting and retention factors; empowerment, salary, working environment, mission, health benefits, work hours, etc.; is essential when

planning for the future of nursing employees at MHM. Empowerment represents one of the most important aspects of employment to these groups of nurses. The correlation analysis suggested that the more important empowerment is to the nurse the more likely they will remain a nurse for five years. It should be an organizational goal to foster a culture of empowerment. The ranked responses, combined with the open responses, suggest the best way to ensure an empowered environment is through leadership training and an alignment of the organizational culture. The first step is recognizing that it is very important to the nurses. Anecdotally, the nurses are pleased with the overall level of empowerment at MHM.

The average rating of the working environment is the highest of any of the other factors though it was not the highest of the top five ranked factors. This can be parlayed into the other factors to some degree. By fostering a workplace that values empowerment with positive leadership the working environment will mold itself to meet the needs of the employees. Employees will feel that their opinions are valued and change is possible. Approximately 1 out of 5 MHM nurses suggested that leadership and management needed to be improved. Addressing this issue would go a long way towards ensuring a positive working environment. A formal employee suggestion or innovation program may provide a vehicle for these improvements.

Salary is another important consideration for the nurses. The average rating for the factor was actually fairly moderate in its importance level yet it was the most often mentioned method to improve the recruiting and retention of nurses. Most of the nurses felt that the salary fell well below that of other nurses doing commensurate work. This may not be accurate as MHM commissioned a study in 2005 in order to better align salaries with that of the community, yet the perception still exists.

Health benefits are seen as the most important non-wage benefit, but 15.4% of MHM questionnaire respondents mentioned that training and education benefits would go a long way towards recruiting and retention. Work hours are also seen as an important factor affecting a nurse's decision to work for an organization. While MHM work hours are steady and consistent at eight hours a day, many of the nurses suggested schedule flexibility would encourage more nurses to work for the organization. Nine of the 65 responses indicated scheduling flexibility would go a long way in improving nurse employment. At a recent meeting, eight experienced Wesley Nurses emphatically requested to include a part-time option within the staffing model. They suggested that this would encourage nurses to work in some of the most difficult to fill positions around southern Texas.

A better employee marketing plan would showcase MHM's many positive organizational aspects. MHM's benefits are often cited by employees as some of the best in the community. Many of the factors considered important by the nurses; empowerment, health benefits, and work environment, and a mission that gives back to the community, are seen as very good at MHM. These qualities should be emphasized.

The open responses appear to be the most informative portion of the questionnaire responses as it provides direct feedback to MHM. The results suggest that the organizational culture and core values are reaching those employees at the operational level, which is the most important aspect of any organization. The next step is to align the business practices to meet the mission and encourage satisfaction among nursing employees. Many of the suggestions provided by the nurses can be implemented in MHM business processes. It is important to recognize policy improvement initiatives that would best meet the needs of MHM's nursing

staff. An employee evaluation process that is linked to organizational goals, which is already in development, provides a formal method to connect employee performance to business processes.

The concern over leadership/management and paperwork validates the correlation's suggestion that the higher the nurse's concern over organizational processes the less likely they will remain an employee of MHM until retirement. This should be a red flag to the organization; this is an area in which administration can make a significant difference in retaining qualified staff. The negative association suggesting that as the importance of stress level increases the less likely the nurse will remain active for the next five years aligns closely with these concerns. Improving organizational leadership and the environment will lower the stress level of the nurses and will likely encourage them to remain nurses.

## Conclusion

The purpose of this study was to recognize the factors nurses consider in regards to their employment. Though there were no significant predictors associated with the nurses plans toward retirement, this analysis does provide nurse concerns and suggests some of the best methods to motivate the nursing staff. These methods include: empowering employees, better hiring practices, more leadership training, salary considerations, and work hour assessments. In the future, other studies could evaluate the working environment and/or attitudes for all MHM staff or could specifically address job satisfaction. These types of studies would be useful as it is generally accepted that as job satisfaction increases, patient satisfaction increases as well. Also, high job satisfaction is thought to lead to higher retention.

## Recommendations

Figure 4 presents various policy options, enumerated within the literature review. MHM should consider these when developing effective recruiting and retention plans. This table is

non-exhaustive but fairly comprehensive. As per this analysis, the most applicable policies in descending order are:

- Hire individuals that have values commensurate with that of the organization
- Train Leadership
- Employee to manager program
- Perform financial analysis of organizational salaries (non-monetary benefits are well received and should be maintained)
- Work hour assessment

The only option that would produce a significant financial burden on the organization is an increase in the nurse salaries. These policies mesh with the factors enumerated with the literature review: transforming hospital culture, investing in people and partnerships, and transforming work processes. The previously mentioned policy recommendations fall within one or more of these strategic initiative categories.

The organization's spirituality, core values, and mission should be stressed within the hiring process. The nurses that most value spirituality are the most likely to remain an employee of MHM as per Table 3. Those nurses that possess commensurate values will likely value monetary compensation less. While this should be the goal of MHM, reality may make this an unattainable ideal. The current nursing shortage is expected to worsen. As the supply of nurses continues to deteriorate the salary nurses command will likely go up. MHM may have to significantly increase nurse salaries to attract nurses at all. While this is less than desirable, it may be the single best method to reduce the nurse vacancy rate at MHM.

References

Albaugh, J. A. (2005). Resolving the nursing shortage: Nursing job satisfaction on the rise [Electronic version]. *Urologic Nursing, 25*(4), 293.

Buerhaus, P. I., Norman, L., Donelan, K., Williams, M., Ulrich, B. T., & Dittus, R. (2005). Hospital RNs' and CNOs' perceptions of the impact of the nursing shortage on the quality of care [Electronic version]. *Nursing Economics, 23*(5), 214-221.

Center for Health Workforce Studies. (2005, December). *The impact of the aging population on the health workforce in the United States* [Electronic version]. University at Albany, School of Public Health. Retrieved August 31, 2006, from http://chws.albany.edu/index.php?id=73,76,0,0,1,0

Crow, S. M., & Hartman, S. J. (2005). Nurse attrition as a process [Electronic version]. *The Health Care Manager, 24*(3), 276-283.

DeNavas-Walt, C., Proctor, B. D., & Lee, C. H. (2005). *Income, poverty, and health insurance coverage in the United States: 2004*. Retrieved August 11, 2006, from http://www.census.gov/prod/2005pubs/p60-229.pdf

Edell, D. (2000). You bet it's tight [Electronic version]. *Fund Raising Management, 31*(5), 12-13.

Ellenbecker, C. H. (2004). A theoretical model of job retention for home health care nurses [Electronic version]. *Journal of Advanced Nursing, 47*(3), 303-310.

Ellenbecker, C. H., & Byleckie, J. J. (2005). Home healthcare nurses' job satisfaction scale: Refinement and psychometric testing [Electronic version]. *Journal of Advanced Nursing, 52*(1), 70-78.

Hassmiller, S. B., & Cozine, M. (2006). Addressing the nurse shortage to improve the quality of patient care [Electronic version]. *Health Affairs, 25*(1), 268-274.

Hatmaker, D. (2005). Center for American Nurses continues its efforts to demonstrate member value [Electronic version]. *The American Nurse, 37*(3), 9.

Institute of Management & Administration. (2006). Study links nurse shortage to insufficient nurse pay in U.S [Electronic version]. *Report on Salary Surveys, 6*(4), 8. Retrieved on September 6, 2006, from EBSCOHost Database.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press.

Li, L. B., Williams, S. D., & Scammon, D. L. (1995). Practicing with the urban underserved: A qualitative analysis of motivations, incentives, and disincentives [Electronic version]. *Archives of Family Medicine, 4*(2), 124-133.

Losee, R. H. (2005). Retaining the recruited: A shift in focus may make all the difference [Electronic version]. *American Journal of Nursing, 105*(5), 13.

Maher, K. (2006, September 5). As nurses strike, hospitals pay big for replacements. *The Wall Street Journal*, p. A2.

Methodist Healthcare Ministries (MHM). (2006). Retrieved August 11, 2006, from http://www.mhm.org

Mitchell, M. A., & Yates, D. (2002). How to use your organizational culture as a competitive tool [Electronic version]. *Nonprofit World, 20*(2), 33-34.

Poaching nurses from the developing world [Electronic version]. (2006) *The Lancet, 367*(9525), 1791.

Questionnaire finds nursing shortage not improving [Electronic version]. (2006). *Materials Management in Health Care, 15*(1), 5.

Registered nurse situation in lone start state parallels US conditions [Electronic version]. (2005, July 31). *Perryman Texas Letter, 16*(7), 2.

Rivers, P. A., Tsai, K., & Munchus, G. (2005). The financial impact of the nursing shortage [Electronic version]. *Journal of Health Care Finance, 31*(3), 52-64.

Shi, L., & Singh, D. (2004). *Delivering health care in America: A systems approach* (3rd ed.). Sudbury, MA: Jones and Bartlett.

Smith, L. G. (2005). Hiring the right people [Electronic version]. *Healthcare Executive, 20*(5), 56.

Spetz, J., & Adams, S. (2006). How can employment-based benefits help the nurse shortage [Electronic version]? *Health Affairs, 25*(1), 212-218.

The present & future job market: Top trends & how to prepare [Electronic version]. (2006, June). *HRFocus, 83*(6), 49.

U.S. Census Bureau. (2005). *Annual population estimates 2000 to 2005*, 2005 [Data file]. Available from U.S. Census Bureau Web site, http://www.census.gov/popest/states/NST-ann-est.html

U.S. Department of Health and Human Services, Bureau of Primary Health Care. (n.d.). *Medically underserved areas/medically underserved populations*. Retrieved September 18, 2006, from http://bphc.hrsa.gov/databases/newmua/

U. S. Department of Health and Human Services, Health Resources & Services Administration. (2004, March). *The registered nurse population: National sample questionnaire of*

*registered nurses.* Retrieved August 24, 2006, from http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm

U. S. Department of Health and Human Services, National Center for Health Workforce Analysis. (n.d.). *The Texas health workforce: Highlights from the health workforce profile*. Retrieved November 2, 2006, from http://bhpr.hrsa.gov/healthworkforce/reports/statesummaries/texas.htm

U. S. Department of Labor, Bureau of Labor Statistics. (2005a, May). *National cross-industry estimates: Registered nurses,* 2005 [Data file]. Available from Bureau of Labor Statistics Web site, http://stats.bls.gov/oes_dl.htm

U. S. Department of Labor, Bureau of Labor Statistics. (2005b, May). *State cross-industry estimates: Registered nurses*, 2005 [Data file]. Available from Bureau of Labor Statistics Web site, http://stats.bls.gov/oes_dl.htm

Wieck, K. L., Oehler, T., Green, A., & Jordan, C. (2004). Safe nurse staffing: A win-win collaboration model for influencing health policy [Electronic version]. *Policy, Politics, & Nursing Practice, 5*(3), 160-166.

Williams, K. A., Stegbauer, C. C., Stotts, R. C., Roussel, L., Jacob, S. R., & Carter, D. (2006). Inactive nurses: A source for alleviating the nursing shortage [Electronic version]? *The Journal of Nursing Administration, 36*(4), 205-210.

Wilson, M., Shin, P., Regenstein, M., & Jones, K. (2004). *An assessment of the safety net in San Antonio, Texas*. The George Washington University Medical Center. School of Public Health and Health Services. Department of Health Policy.

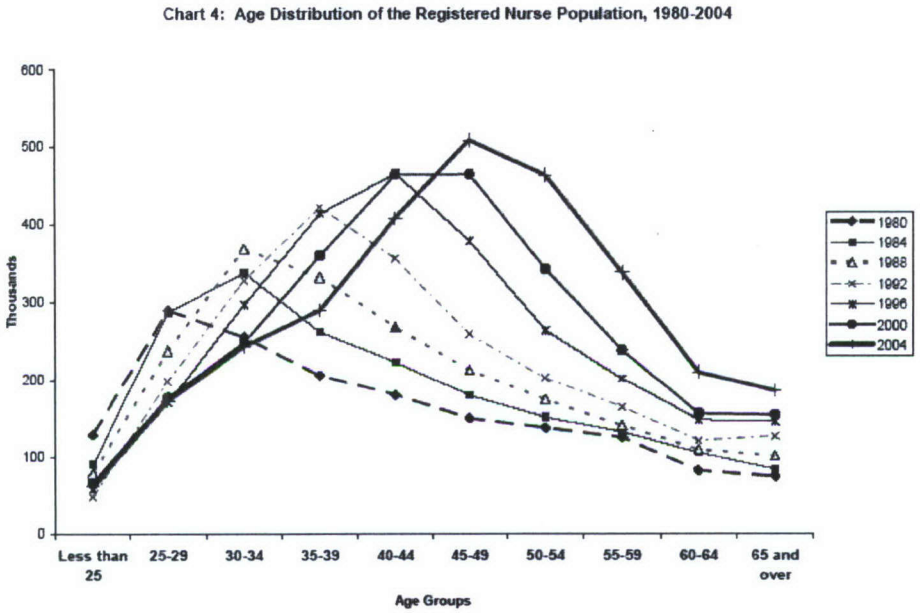


Figure 1. Age distribution of the U.S. registered nurse population, 1980-2004 (U.S. Department of Health and Human Services, 2004, p. 5).

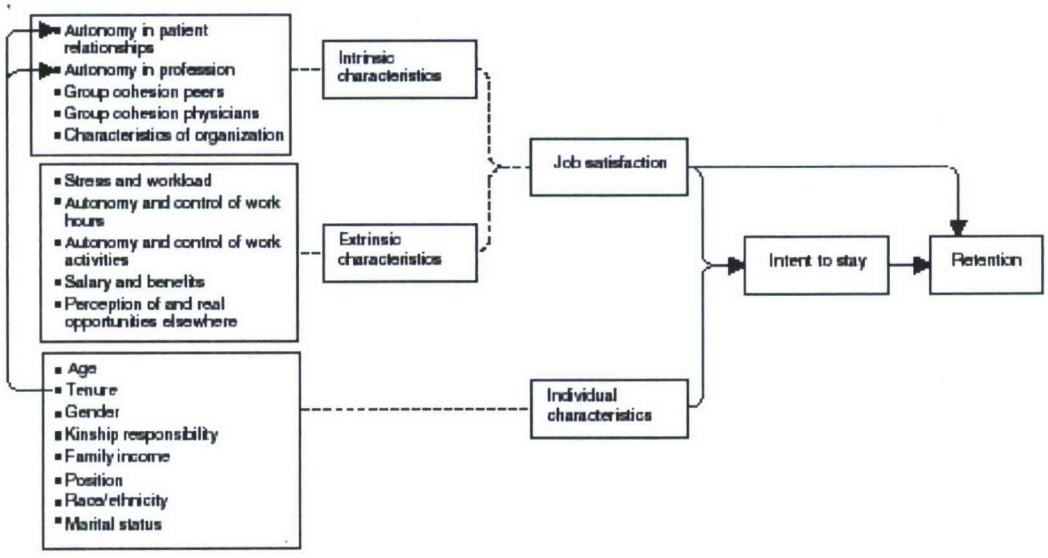


Figure 1 Theoretical model of job retention for home health care nurses.

Figure 2. Theoretical model for assessing the recruiting and retention factors applicable to MHM (Ellenbecker, 2004, p. 305).

| Theoretical Component | Questionnaire Element |
|---|---|
| Autonomy | 1. Level of empowerment autonomy |
| Group cohesion with peers | 2. Relationship with peers |
| Characteristics of the organization | 3. Mission of the organization<br>4. Reputation of the organization<br>5. Leadership<br>6. Relationship with management<br>7. Opportunity for advancement<br>8. Ability to contribute to the community<br>9. Recognition |
| Stress and workload | 10. Stress level |
| Autonomy and control of work hours | 11. Work hours<br>12. Shift preferences |
| Salary and benefits | 13. Salary<br>14. Paid time away from work<br>15. Retirement plan<br>16. Wellness (Health) benefits<br>17. Training/education opportunities<br>18. Sign-on bonuses |
| Perception of and real opportunities elsewhere | 19. Working environment<br>20. Job security |
| Age | How old are you? |
| Tenure | How many years have you been a practicing nurse?<br>How many years have you been working for MHM? |

Figure 3. This figure represents the questionnaire elements association with the theoretical framework. The organization has some level of control over the top seven theoretical components.

| Option | Corresponding Ques. Factors | Policy Option | Method |
|---|---|---|---|
| A | 3, 4, 5, & 8 | Align the culture with the mission and values to facilitate organizational goals: strong leadership | * Leadership Training<br>* Employee Education<br>* Strategic evaluation of mission, vision, and values |
| B | 1, 5, 7, 17, &19 | Foster an environment that encourages upward mobility and empowerment | * Leadership Training<br>* Education benefits/tuition reimbursement<br>* Employee to manager program |
| C | 9, 10, 11, & 12 | Improve processes to include: staffing, workplace rights, workplace safety, and working hours | * Work hour assessment<br>* Clear employee complaint procedures<br>* Assessment of stress level |
| D | 3 & 5 | Detail a selection and retention process that empowers managers to act quickly and decisively during the selection process | * Hire individuals that have values commensurate with that of the organization<br>* Specific hiring process |
| E | All survey factors | Advertise to perspective employees: let them know the benefits of working for the company | * Attend local nursing career fairs<br>* Present to nursing schools<br>* Open symposiums to the public<br>* Press releases |
| F | 2, 5, 6, & 9 | Adapt processes to improve job satisfaction: peer to peer, employee to management, employee recognition | * Participate in National Nurses Week (May 6-12)<br>* Implement mediation procedures<br>* Provide team-building training<br>* Implement awards program |
| G | 13 | Adjust salary to be competive in market | * Perform financial analysis of organization salaries |
| H | 19 & 20 | Maintain environment of job security | * Provide clear guidance on administrative procedures |
| I | 14, 15, 16, 17, &18 | Implement superior non-wage benefits | * Sponsorhsip of education scholarship/payback programs<br>*Provide referral bonuses<br>* Offer awards (e.g. time-off for accomplishments)<br>*Offer time off of work to participate in volunteer activities |

Figure 4. Description of policy options and methods for implementation; options are linked to the factors annotated in the questionnaire found in Appendix B.

Table 1

*Descriptive Statistics of the Independent Variables Related to the Factors Affecting the Respondent's Decision to Work for an Organization*

| Independent | n | | | M | | SD | | r |
|---|---|---|---|---|---|---|---|---|
| Variables | Total | MHM | Non MHM | MHM | Non MHM | MHM | Non MHM | |
| Empowerment | 94 | 65 | 29 | 4.40 | 4.48 | 0.79 | 0.74 | 0.231[a*] |
| Peers | 94 | 65 | 29 | 4.31 | 4.41 | 0.77 | 0.68 | NS |
| Mission | 94 | 65 | 29 | 4.58 | 3.72 | 0.73 | 0.92 | NS |
| Reputation | 93 | 64 | 29 | 4.55 | 4.10 | 0.69 | 0.86 | NS |
| Leadership | 94 | 65 | 29 | 4.38 | 4.38 | 0.86 | 0.62 | NS |
| Management | 93 | 64 | 29 | 4.47 | 4.24 | 0.59 | 0.74 | NS |
| Opportunities | 94 | 65 | 29 | 3.78 | 4.55 | 0.99 | 0.74 | NS |
| Contribute | 93 | 64 | 29 | 4.55 | 4.00 | 0.87 | 0.93 | NS |
| Recognition | 94 | 65 | 29 | 3.00 | 3.66 | 1.20 | 1.01 | NS |
| Stress | 94 | 65 | 29 | 4.26 | 3.90 | 0.94 | 0.94 | -0.226[a*] |
| Hours | 94 | 65 | 29 | 4.51 | 4.41 | 0.71 | 0.78 | NS |
| Shift | 93 | 64 | 29 | 4.30 | 4.41 | 1.22 | 0.78 | NS |
| Salary | 94 | 65 | 29 | 3.98 | 4.41 | 0.89 | 0.87 | NS |
| Time | 94 | 65 | 29 | 4.08 | 4.14 | 0.92 | 1.06 | NS |
| Plans | 94 | 65 | 29 | 4.26 | 4.31 | 0.87 | 0.89 | NS |
| Health | 93 | 64 | 29 | 4.37 | 4.03 | 1.00 | 1.21 | NS |
| Training | 94 | 65 | 29 | 4.34 | 4.28 | 0.76 | 0.84 | NS |
| Sign | 93 | 64 | 29 | 2.45 | 3.03 | 1.26 | 1.48 | NS |
| Environment | 93 | 64 | 29 | 4.78 | 4.69 | 0.45 | 0.47 | NS |
| Security | 93 | 64 | 29 | 4.55 | 4.10 | 0.67 | 0.82 | NS |

Note. These variables answer the question: to what extent do the following factors affect your decision to work for an organization? These factors are assessed on a five point scale, 1 = None, 3 = Somewhat, and 5 = Significant. Pearson's *r* correlation was utilized to assess if any significant relationships exist between the independent variables and the dependent variables. MHM indicates MHM employees whereas non-MHM indicates non-MHM employees. NS means it is not significant. Sign indicates sign-on bonuses.

[a] Represents a significant correlation to plan to remain in active practice for the next 5 years. [b] Significant correlation to plan to remain in active practice until retirement. [c] Significant correlation to plan to remain an employee of MHM until retirement.

*$p < .05$, two tailed.

Table 2

*Descriptive Statistics of Demographic Variables*

| Independent Variables | n | M | SD | Min | Max | *r* |
|---|---|---|---|---|---|---|
| Years Nurse | 70 | 17.06 | 11.98 | 0 | 50 | NS |
| Age | 90 | 2.59 | 1.14 | 1 | 5 | NS |
| Education | 92 | 3.33 | 1.06 | 0 | 5 | NS |
| Years MHM | 62 | 4.09 | 3.00 | 1 | 10 | 0.329[c]* |

Note. Years Nurse and Years MHM are continuous variables. Age is broken into categorical groups; 1 = 18-30, 2 = 31-40, 3 = 41-50, 4 = 51-60, and 5 = 61+. Education is also categorical; 0=None, 1 = LVN, 2 = Diploma, 3 = ADN, 4 = BAN, and 5 = MSN. Pearson's *r* correlation was utilized to assess if any significant relationships exist between the independent variables and the dependent variables. NS means the correlation is not significant.

[a] Represents a significant correlation to plan to remain in active practice for the next 5 years. [b] Significant correlation to plan to remain in active practice until retirement. [c] Significant correlation to plan to remain an employee of MHM until retirement.

*$p < .05$, two tailed.

Table 3

*Descriptive Statistics of Other Categories Related to MHM's Core Values*

| Independent Variables | n | M | SD | Min | Max | *r* |
|---|---|---|---|---|---|---|
| Integrity | 64 | 4.88 | 0.33 | 4 | 5 | NS |
| Making a Difference | 64 | 4.80 | 0.48 | 3 | 5 | NS |
| Teamwork | 64 | 4.77 | 0.50 | 3 | 5 | NS |
| Compassion | 64 | 4.81 | 0.50 | 3 | 5 | NS |
| Spirituality | 64 | 4.69 | 0.64 | 2 | 5 | 0.281[c]* |
| Exemplifies Core Values | 64 | 4.41 | 0.85 | 2 | 5 | 0.617[c]** |
| Core Values Influence Decision to Work for MHM | 62 | 4.32 | 1.11 | 1 | 5 | NS |

Note. The first five variables answer the question: how much importance do you place in each of the following core values? The sixth answers: to what extent does the organization exemplify these core values? The last suggests: how much did the above core values influence your decision to work for MHM? All variables are assessed on a five point scale, 1 = None, 3 = Somewhat, and 5 = Significant. Pearson's *r* correlation was utilized to assess if any significant relationships exist between the independent variables and the dependent variables. NS means the correlation is not significant.

[a] Represents a significant correlation to plan to remain in active practice for the next 5 years. [b] Significant correlation to plan to remain in active practice until retirement. [c] Significant correlation to plan to remain an employee of MHM until retirement.

*$p < .05$, two tailed.

Table 4

*Descriptive Statistics of the Three Dependent Variables*

| Dependent Variables | n | M | SD |
|---|---|---|---|
| Five | 94 | 4.60 | 0.92 |
| Retirement | 94 | 4.34 | 0.97 |
| RetireMHM | 64 | 4.02 | 1.35 |

Note. These variables answer the question: do you plan to remain in active practice for five years or until retirement? Also, do you plan to remain an employee at MHM until retirement? All variables are assessed on a five point scale, 1 = None, 3 = Somewhat, and 5 = Significant.

Table 5

*Descriptive Statistics of the Variables Identified Through an Open Response Analysis*

| Independent Variables | Frequency | *r* |
|---|---|---|
| Open Response 1 Empowerment | 7 | NS |
| Open Response 1 Management | 6 | NS |
| Open Response 1 Flexibility | 8 | NS |
| Open Response 1 Support/Family | 6 | NS |
| Open Response 1 Integrity | 6 | -0.228[b]* |
| Open Response 2 Salary | 26 | NS |
| Open Response 2 Leadership/Management | 13 | -0.296[c]* |
| Open Response 2 Paperwork | 5 | -0.232[b]*<br>-0.351[c]** |
| Open Response 2 Benefits | 5 | NS |
| Open Response 2 Education/Tuition | 10 | NS |
| Open Response 2 Autonomy/Empowerment | 4 | -0.292[c]* |
| Open Response 2 Community | 6 | NS |
| Open Response 2 Integrity/Honesty/Respect | 4 | NS |
| Open Response 2 Schedule/Flexibility | 9 | NS |
| Open Response 2 Core Values/Mission | 7 | NS |

Note. These variables are derived from the open responses on the questionnaire. They are dichotomous variables, 1 = mentioned and 0 = not mentioned. The frequency represents how many times the item is mentioned. Pearson's *r* correlation was utilized to assess if any significant relationships exist between the independent variables and the dependent variables. NS means the correlation is not significant.

[a] Represents a significant correlation to plan to remain in active practice for the next 5 years. [b] Significant correlation to plan to remain in active practice until retirement. [c] Significant correlation to plan to remain an employee of MHM until retirement.

*$p < .05$, two tailed. ** $p < .01$, two tailed.

# Appendix A: MHM Nurse Positions

| As of October 2006 | | | | |
|---|---|---|---|---|
| **MHM NURSE POSITIONS** | | | | |
| **JOB TITLE** | **Filled** | **Vacant** | | |
| **DEPARMENT OF CLINIC SERVICES** | | | | |
| **COLUMBIA HEIGHTS CLINIC** | | | | |
| Manager, Clinic Services (RN) | X | | | |
| RN | X | | | |
| RN | X | | | |
| LVN | X | | | |
| LVN | X | | | |
| Medication Asst/LVN | X | | | |
| **DIXON CLINIC** | | | | |
| RN- Suprv | X | | | |
| RN | X | | | |
| LVN | X | | | |
| Medication Assist/LVN | X | | | |
| **SCHOOL BASED CLINICS** | | | | |
| Registered Nurse | X | | | |
| Nurse Practitioner | X | | | |
| **HEALTH EDUCATION** | | | | |
| Program Manager. Health Educ I | X | | | |
| RN Educator I | X | | | |
| Program Manager. Health Educ I | X | | | |
| RN Educator I | X | | | |
| Total | 16 | 0 | 0.00% | Vacant |
| **DEPARMENT OF WESLEY NURSE HEALTH MINISTRIES** | | | | |
| **NORTHERN REGION** | | | | |
| **San Antonio Team** | | | | |
| Laurel Heights UMC | X | | | |
| Travis Park UMC | X | | | |
| St. John's UMC and Monte Sinai UMC | X | | | |
| St. Mark's UMC | X | | | |
| St. Paul's UMC | X | | | |
| Highland Terrace UMC Aldersgate UMC | X | | | |
| Jefferson UMC | X | | | |
| El Divino Salvador UMC, El Buen Pastor UMC, El Buen Samaritano UMC | X | | | |
| La Trinidad UMC, Pollard Memorial UMC, Principe de Paz UMC | | X | | |
| Westlawn UMC, El Mesias UMC | | X | | |
| San Fernando Cathedral | | X | | |
| **West Texas Team** | | | | |
| First UMC | X | | | |
| La Trinidad UMC | X | | | |
| First UMC | X | | | |
| Hondo UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| San Pablo UMC | X | | | |
| First UMC | X | | | |
| Carrizo Springs UMC | | X | | |
| Poteet/Charlotte UMC | | X | | |
| Principe de Paz UMC | | X | | |

| | | | | |
|---|---|---|---|---|
| **Hill Country Team** | | | | |
| Fredericksburg UMC | X | | | |
| Lakehills UMC | X | | | |
| Highland Lake UMC | X | | | |
| First UMC | X | | | |
| Gaddis Memorial UMC | X | | | |
| Wesley UMC | X | | | |
| First UMC | X | | | |
| Ozona UMC | X | | | |
| Goldthwaite UMC | | X | | |
| **Austin Team** | | | | |
| Faith UMC | X | | | |
| Bracken UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| Parker Lane UMC | X | | | |
| Canyon Lake UMC | X | | | |
| Simpson UMC | | X | | |
| First UMC | | X | | |
| **SOUTHERN REGION** | | | | |
| **Coastal Bend Team** | | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| Karnes City/Kenedy UMC | X | | | |
| First UMC | | X | | |
| **Corpus Christi Team** | | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| St. Luke's UMC | X | | | |
| First UMC | X | | | |
| St. Paul UMC | | X | | |
| **Rio Grande West Team** | | | | |
| First UMC | X | | | |
| Pharr UMC La Trinidad UMC | X | | | |
| La Feria UMC | X | | | |
| El Divino Redentor UMC | | X | | |
| El Buen Pastor UMC | | X | | |
| El Mesias UMC | | X | | |
| First UMC | | X | | |
| **Rio Grande East Team** | | | | |
| First UMC | X | | | |
| Bethel UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| First UMC | X | | | |
| **ADMINISTRATIVE TEAM** | | | | |
| Director of Wesley Nurses | X | | | |
| Regional Coordinator / Staff Development | X | | | |
| Regional Coordinator / Program Monitoring and Development | X | | | |
| Quality Management / Volunteer Outreach Coordinator | X | | | |
| Total | 59 | 15 | 25.4% | Vacant |
| Grand Total | | | 25.4% | Vacant |

Appendix B: MHM Nursing Recruitment and Retention Questionnaire

This questionnaire is being conducted by Lieutenant (LT) Leah Mooney, a graduate student at the Army-Baylor Master of Health Administration at Ft. Sam Houston, TX. LT Mooney is a resident at Methodist Healthcare Ministries (MHM) and is conducting this assessment for academic purposes. The study is titled Nurse Staffing at Methodist Health Ministries: Factors Influencing Recruiting and Retention. This study is required for the completion of a Master's Degree in Health Administration. It will include all of the nursing staff working for MHM and student nurses at The University of Texas Health Science Center at San Antonio (UTHSCSA) at the time of distribution. The purpose of this study is to develop a recruitment and/or retention program applicable to MHM's nursing staff. This questionnaire will help to answer the question: What factors influence the recruitment and retention of a qualified nursing staff at MHM? This questionnaire will take approximately 10 minutes to complete. Your participation is anonymous and voluntary; please do not sign your name to the survey. If the survey is returned via email, it will be printed and immediately deleted. All responses will be kept confidential. Any and all answers are appreciated but are in no way mandatory. Completion of the survey will be taken as consent for participation. Thank you for your time.

**Double click on the grey boxes and select checked under default value for your selection.**

Are you an employee of MHM? Yes ☐ No ☐
How many years have you been a nurse? _____
Age? 18-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61+ ☐
What is your education level? LVN ☐ Diploma ☐ ADN ☐ BSN ☐ MSN ☐ None ☐
Do you plan to remain in active practice for the next 5 years?

| Not likely | | Moderately | | Very likely |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

Do you plan to remain in active practice until retirement?

| Not likely | | Moderately | | Very likely |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

To what extent do the following factors affect your decision to work for an organization?
(Please select one response per line)

| | None | | Somewhat | | Significant |
|---|---|---|---|---|---|
| 1. Level of empowerment (autonomy) | 1. ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Relationship with peers | 2. ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Mission of the organization | 3. ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Reputation of the organization | 4. ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Leadership | 5. ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Relationship with management | 6. ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Opportunity for advancement | 7. ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Ability to contribute to the community | 8. ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Recognition | 9. ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Stress level | 10. ☐ | ☐ | ☐ | ☐ | ☐ |

To what extent do the following factors affect your decision to work for an organization, cont'd?

| (Please select one response per line) | None | | Somewhat | | Significant |
|---|---|---|---|---|---|
| 11. Work hours | 11. ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Shift preferences | 12. ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Salary | 13. ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. Paid time away from work | 14. ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. Retirement plans | 15. ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Health Benefits - Insurance | 16. ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Training/education opportunities | 17. ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. Sign-on bonuses | 18. ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. Working environment | 19. ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Job security | 20. ☐ | ☐ | ☐ | ☐ | ☐ |

Out of these 20 variables listed above, please list the 5 most important factors, from most important to least.

1. _____
2. _____
3. _____
4. _____
5. _____

What other factors do you consider important that were not included within the 20 listed?

_____

---

The following questions are directed specifically at the MHM nursing staff. If you are not employed at MHM, please disregard.

How many years have you been working for MHM? _____

How much importance do you place in each of the following core values?

| | None | | Some | | Significant |
|---|---|---|---|---|---|
| Integrity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Making a difference | ☐ | ☐ | ☐ | ☐ | ☐ |
| Teamwork | ☐ | ☐ | ☐ | ☐ | ☐ |
| Compassion | ☐ | ☐ | ☐ | ☐ | ☐ |
| Spirituality | ☐ | ☐ | ☐ | ☐ | ☐ |

To what extent does the organization exemplifies these core values?

| Not at all | | Moderately | | Very Much | N/A |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

How much did the above core values influence your decision to work for MHM?

| Not at all | | Moderately | | Very Much | N/A |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Do you plan to remain an employee at MHM until retirement?

| Not likely | | Moderately | | Very likely | N/A |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

What could be improved to encourage nurses to work for the organization? _____

_____

_____

_____

_____

Please return the questionnaire at your earliest convenience to LT Leah Mooney via email, fax, or mail. Contact Info:

LT Leah Mooney (MHM Administrative Resident)
4507 Medical Dr. San Antonio, TX 78229
Email: leah.mooney@mhm.org
Fax (210) 614-7563

## Appendix C: Institutional Review Board Exempt Approval

*Methodist Healthcare System*
INSTITUTIONAL REVIEW BOARD
7700 Floyd Curl Drive, San Antonio, TX 78229
Telephone: (210) 575-4918
Fax: (210) 575-4327

November 21, 2006

Leah Mooney, LT
Methodist Healthcare Ministries
4507 Medical Dr
San Antonio, TX 78229

Re: Nurse Staffing at Methodist Healthcare Ministries: Factors Influencing Recruiting and Retention
Site: Methodist Healthcare System; Methodist Healthcare Ministries' providers

Dear Lt. Mooney:

As Chair of the Institutional Review Board (IRB) of the Methodist Healthcare System, I have reviewed the above referenced study. It is my belief that this proposal meets the requirements for Exempt status as outlined in CFR Title 45 Part 46.101(b) (1)-(6).

This decision is based on the following determination(s) that the research proposal is:

> (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subject's responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt Status is therefore granted effective November 21, 2006, for the research proposal as submitted. The Exempt designation remains in effect as long as all participant information gathered remains confidential WITHOUT any subject identifiers linked to the data.

If during the course of this study any changes or modifications are made to the protocol design, the entire study must again be resubmitted to the IRB to ensure that the Exempt status remains intact and that the modifications do not require a change in approval status.

Additionally, under Exempt status, the informed consent requirement is waived due to the minimal risk or no risk involved in this proposal.

Sincerely,


Richard D Heimbach, MD
Chair, MHS IRB

RDH/pgs